

N000704138
Date Filed: 8/31/2018
John R. Ashcroft
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2018

N000704138
A New Missouri, Inc.
ROBIN SIMPSON
740 STANTON AVE
MONROE CITY MO 63456

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 740 Stanton Ave (Required) STREET <u>Monroe City MO 63456</u> CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.
☐ The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
☐ The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	
3	<u>PRESIDENT</u> Joseph, Monu STREET 650 Town Center Dr. CITY/STATE/ZIP #1750 Costa Mesa CA 92626 <u>SECRETARY</u> Simpson, Robin STREET 740 Stanton Ave. CITY/STATE/ZIP <u>Monroe City MO 63456</u> <u>TREASURER</u> Adams, Michael G. STREET 4949 Brownsboro Rd. CITY/STATE/ZIP #297 Louisville KY 40222 STREET CITY/STATE/ZIP	<u>NAME</u> Joseph, Monu STREET 650 Town Center Dr. CITY/STATE/ZIP #1750 Costa Mesa CA 92626 <u>NAME</u> Simpson, Robin STREET 740 Stanton Ave. CITY/STATE/ZIP <u>Monroe City MO 63456</u> <u>NAME</u> Adams, Michael G. STREET 4949 Brownsboro Rd. CITY/STATE/ZIP #297 Louisville KY 40222 <u>NAME</u> STREET CITY/STATE/ZIP	A B
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED		

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here	<u>Michael G. Adams</u>	(Required)
Please print name and title of signer:	<u>Michael G. Adams</u> / <u>Director</u>	
	NAME	TITLE

REGISTRATION REPORT FEE IS:
___\$10.00 If filed on or before 8/31/2018
___\$15.00 If filed after 9/30/2018

Corporation will be administratively dissolved if report is not filed by 11/29/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): madams@cpblawgroup.com